

VCHIP CHAMP VDH COVID-19

June 2, 2021 | 12:15-12:45pm Call Questions and Answers*

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM

Breana Holmes, MD, FAAP, Physician Advisor, Maternal & Child Health, Vermont Department of Health (VDH), VCHIP Senior Faculty

Questions/Discussion

Q: How are testing numbers in comparison to before? Are there any discussions about amending the testing and return to school algorithms or changes in when we should be recommending testing for patients or "return to camp or child care" rather than school at this point? There is more pressure from working parents having to miss work to stay home with kiddos while awaiting testing even if COVID is unlikely.

A: Breana Holmes, MD, VCHIP, VDH: Testing numbers are way down and yes, we may need to revisit the algorithms at some point. They seem to work ok now, and we still want symptomatic children tested so the algorithm is helpful. We struggle to rebrand as return to child care/camp since the crux of the algorithm is relationship between school nurse and medical home. We do have a parent document about return to child care that is helpful,

https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF_VTBacktoChildCareAfterIllness.pdf
f. I hear you, but we really do not want symptomatic children in care with any virus.

A: Becca (Rebecca) Bell, MD, UVM Medical Center: It is a bummer that employers are not more understanding about parents having to stay home with sick kids. Even if it is not COVID, it is probably rhinovirus. Seeing a lot of that these days and those kids should probably be out of childcare/school while infectious.

A: Elizabeth Wirth, School Nurse, U-32 School: Yes, wishing we could move to affordable rapid tests for these situations, with incidence so low.

A: Breana Holmes, MD, VCHIP, VDH: Which is a major policy change from our pre-COVID world when sick kids were always in child care and schools.

C: Alex Bannach, MD, North Country Pediatrics: Regarding rapid testing, it was very interesting to see Germany's approach in action when I went to visit family recently. They are essentially run on rapid Ag testing for most of their tests, but those are literally available anywhere, workplaces, testing stations, stores, for about \$5 per test if you buy or for free at testing station. Mostly you only reflex to PCR when Ag is positive or get PCR for certain situations, i.e., hospital admission. But most work places and schools test staff and students twice a week.

C: Colleen Moran, MD, Appleseed Pediatrics: As Dr. Lee continues to talk, I just keep thinking about importance of continuation of mitigation measures (masking, stay home if sick... esp. for the unvaccinated population).

Q: When parents ask me, exactly how much does masking reduce my kids risk if they were exposed to someone (< 6 feet, > 15 minutes) with COVID-19, what should I tell them?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: There's no really good way to answer that question because the only way to definitively answer it would be to intentionally expose people to COVID at distances of less than six feet for greater than 15 minutes with a mask on. For me, I would just say, boy I

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

cannot give you an exact number, but if you had a choice, wouldn't you rather have them with the mask on? Because it does something. I do not know that I can quantify it because there are already a lot of other variables that go into play there. With the nature of the exposure, was the other person also a child or was it an adult? How symptomatic were they, et cetera? So, I do not know that there is a right answer to that question, but it's certainly better than nothing, and I mean, I guess why not reduce those risks to the extent possible.

Q: COVID-19 aside, since RSV and influenza rates were so low this past season, does this suggest that we should continue masking in schools /day care during the winter season to protect kids from those illnesses, or to restrict admission to school if children have respiratory symptoms?

A: Breena Holmes, MD, VCHIP, VDH: That is going to be an interesting pediatric conversation. That will not be anything the state addresses.

Q: Any association of myocarditis after J & J vaccine?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: There has not been seen any association with J&J vaccine and myocarditis. So far it does look like it is limited to mRNA vaccines. With adenovirus vaccine, we have very rare cases of PTS with mRNA vaccines. Still yet not causally linked, but potential for very rare side effect of mild cases of myocarditis. Nothing is perfect unfortunately. There is always going to be some degree of risk inherent in everything, and this is proving to be no exception.

Q: I had a savvy parent ask the other day if they should get a "booster" of one of the mRNA vaccines since they had J&J initially. Any insight? I told them it is not advised as of right now.